



The Best Practices & Approaches of CARE Ethiopia South Gondar

Report



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PREFACE

This report is the outcome of a four-month internship with CARE Ethiopia - South Gondar, which was undertaken by a student in the *Glocal Community-Development Studies MA program* at the Hebrew University in Israel. The MA program is designed to impart expertise in fields relevant to the development of local communities in developing regions across the world. In addition to three semesters of academic and theoretical study, the program requires one semester of an on-site internship with an international NGO. As outlined in the internship's Terms of Reference, the internship involved the documentation of the best practices and implementation approaches currently employed in the WASH and TESFA projects of CARE Ethiopia – South Gondar Field Office (SGFO) along with the compilation of program success stories and narratives collected from the field. The internship was carried out over a four-month period under the supervision of Habtamu Engdawork, Social Development Specialist for CARE Ethiopia North Program Office.

ACKNOWLEDGMENTS

The following study would not have been possible without the assistance, support, and dedication of the staff at CARE Ethiopia North Program - South Gondar Field Office. Staff members regularly provided oversight and assistance in translation, data collection, transportation, and the coordination and facilitation of field work over the four-month period of the internship. I would like to not only express my appreciation and gratitude for their support, but also for their overwhelming hospitality, inclusiveness, and warmth, which enabled me to effectively adapt to the surroundings and efficiently carry out the assigned research. I was particularly impressed with the extent of solidarity and teamwork displayed by office and program staff in addition to the welcoming and affable office environment. Although not included in the subsequent discussion of the office's best practices and approaches, from my observation, the success and efficacy of SGFO's programming could in part be attributed to high staff solidarity and cohesion, which would be worth further exploration. I would also like to thank all stakeholders, beneficiaries and community members involved in the office's programs who willingly provided invaluable information and interviews for the execution of this study. Moreover, the opportunity and experience afforded to me in working with CARE Ethiopia to examine and document SGFO's innovative implementation approaches has enabled me to acquire significant new knowledge and skills to be applied in future development work.

ACRONYMS & KEY TERMS

BRDC	Birhan Research and Development Consultancy
CLTSH	Community-led Total Sanitation & Hygiene
CSC	Community Score Card
EE	Economic Empowerment
FGAE	Family Guidance Association of Ethiopia
GBV	Gender-based violence
GED	Gender Equity and Diversity
HEW	Health Extension Worker
HTP	Harmful Traditional Practice
ICRW	International Center for Research on Women
IGA	Income-generating Activity
IWRM	Integrated Water Resource Management
Kebele	Equivalent to neighborhood associations; the lowest government structure
NGO	Non-Governmental Organization
ODF	Open-defecation Free
ORDA	Organization for Rehabilitation and Development of Amhara
SAA	Social Analysis and Action
SGFO	South Gondar Field Office
SRH	Sexual Reproductive Health
TESFA	Towards Improved Economic and Sexual Reproductive Health Outcomes for Adolescent Girls
WASH	Water, Sanitation and Hygiene
WASH CO	Water, Sanitation and Hygiene Committee established per water point
Woreda	District

METHODOLOGY

All data and information contained in the following study is based upon four months of field work in the CARE Ethiopia SGFO. It involved the use of primary and secondary data. Primary data included: participant observation, interviews conducted in CARE Ethiopia SGFO's intervention areas, and discussions with project staff. In addition, it utilized secondary data including: existing organizational reports, recent case studies¹, unpublished office documents, success stories, published articles, and program monitoring and evaluation reports.

INTRODUCTION

CARE began working in Ethiopia in 1984 by undertaking large-scale emergency relief and aid initiatives in response to the severe drought and famine that ravaged the nation. The organization has since expanded its activities from emergency relief and poverty alleviation to tackling the root causes of poverty and social injustice through long-term sustainable development programming. In its transition to this approach, since 2008, CARE Ethiopia has been specifically targeting three distinct impact groups: chronically food-insecure rural women, resource-poor urban female youth, and pastoralist school-aged girls. Moreover, in compliance with CARE Ethiopia's revised Strategic Plan 2010-2020, the organization upholds and promotes four strategic directions in all of its programming: Governance and Policy; Innovation, Impact Measurement, and Learning; Gender Equity and Diversity; Partnership and Facilitation.²

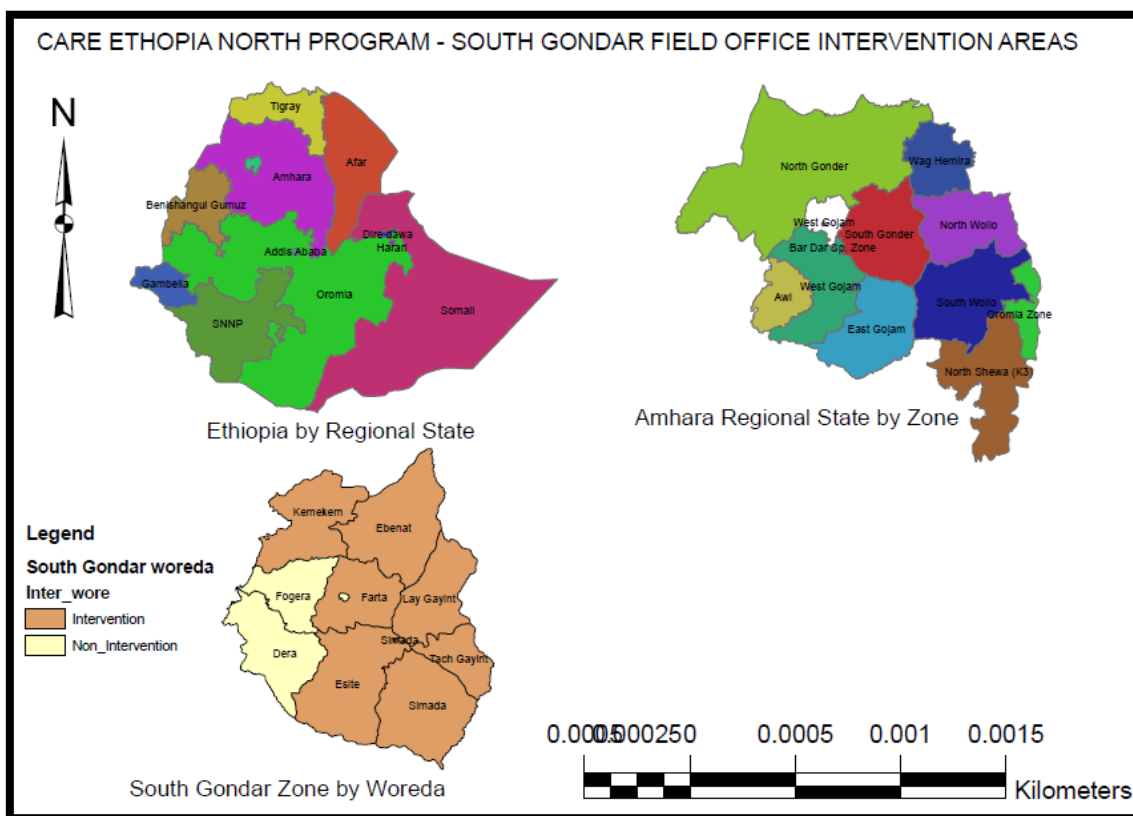
CARE Ethiopia North Program - South Gondar Field Office (SGFO) was established in 2000 with a focus on emergency relief and has since been engaged in numerous development initiatives to tackle the underlying causes of poverty and vulnerability through the promotion of clean water, health and sanitation, safeguarding women's sexual and reproductive health (SRH), and the development of small-scale economic activities in eight out of ten *woredas*³ in the South Gondar zone of the Amhara region of Ethiopia. In its commitment to uphold CARE International's overall mission in targeting women and girls to create long-term social change, the SGFO places special emphasis on the empowerment of women and gender equity within each of its intervention areas. The office further maintains the country office's four strategic directions and long-term goal that "in mutually supportive alliances, CARE Ethiopia will

¹ Pankhurst, H. and Kedebe, A. (December 2012). *Strategies to Improve WASH Implementation in South Gondar*. CARE Ethiopia and CARE USA.

² *CARE Ethiopia Strategic Framework 2010* (December 2010). CARE Ethiopia.

³ A *woreda* is an administrative division, equivalent to a district, managed by a local government. Each *woreda* is comprised of several *kebeles*, equivalent to neighborhood associations.

contribute to economic and social transformation, unleashing the power of the most vulnerable women and girls, honoring their dignity.”⁴



Over the past 12 years, the SGFO has experienced tremendous success, including increased effectiveness, and expansion of its initiatives, enabling it to impact hundreds of thousands of people in the surrounding region. Moreover, the SGFO has been noted for its role in augmenting the collaboration and coordination between multi-level government stakeholders, partner development organizations, and target communities to achieve sustainable long-term impact. These positive achievements and outcomes can be attributed to SGFO's efficient and effective practices, approaches and programming, reinforced by its willingness to continually evaluate and modify its implementation methods to improve program quality and impact. The purpose of this report is to highlight and showcase the most notable and exemplary intervention methods of CARE Ethiopia North Program - South Gondar Field office for the purpose of sharing knowledge and promoting the implementation of similar techniques in programs elsewhere.

Thus, the purpose of this document is to explore the successful and innovative strategies undertaken by the office in relation to its current initiatives: the WASH and TESFA projects. While the WASH program endeavors to improve sustainable access to safe water and promote

⁴ CARE Ethiopia (9 January 2010). *CARE Ethiopia Strategic Framework 2010* Document. Unpublished manuscript.

greater sanitization and hygiene, the TESFA project seeks to cultivate economic empowerment and advance sexual and reproductive health among ever-married⁵ adolescent girls throughout the South Gondar zone. Although CARE Ethiopia SGFO has demonstrated outstanding positive results in numerous capacities in both its current initiatives, the subsequent sections of this report will focus more intently on the best practices and innovative and strategic approaches employed in the WASH programming due to its length of operation and wide-scale implementation areas.

WASH PROGRAM

- Facilitation of High Community Involvement and Ownership
 - WASH CO Committee
 - Local Artisan Approach
 - GED & Women's Empowerment
 - Hygiene & Sanitation Promotion
 - Community Lead Total Sanitation & Hygiene Approach & Open Defecation Free Kebeles⁶
 - Religious Leader Involvement
 - School WASH Clubs
 - Integrated Water Resource Management
- Enhancement of Collaboration with Local Government and Partners
- Promotion of WASH Governance

TESFA PROJECT

- Generating Social Change through Social Analysis & Action Groups

⁵ An *ever-married* girl refers to a girl who is currently married, widowed or divorced.

⁶ A *kebele* is equivalent to neighborhood associations.



One of CARE Ethiopia SGFO's implementation areas

PROJECT DESCRIPTIONS

WASH Program

In 2000, CARE Ethiopia entered the South Gondar zone of Ethiopia, focusing on emergency relief and aid initiatives in particularly the Farta woreda.⁷ Yet, by 2001, the organization had shifted from a relief focus to an emphasis on strategic long-term development with the implementation of WASH programming, which centers on water supply and promotion of sanitation and hygiene education to improve the health status, educational attainment and gender equity among at-risk populations. The WASH program's objectives aim to reduce the incidence of diseases related to unsafe water and poor sanitation and secure the sustainability of access to clean water resources and sanitation facilities, while enhancing the participation of women in the management and protection of these resources.

⁷ Engdawork, H. (9 January 2013). Personal Communication.

Funded by the Hilton Foundation, USAID, Johnson and Johnson, the European Union and AusAID, CARE's WASH programming has since expanded, currently reaching a total of eight woredas, namely, Farta, East and West Estie, Libo Kemkem, Ebinat, Tach Gayint, Lay Gayint, and Simada, impacting an estimated 222,200 people by providing access to clean water and increasing hygiene and sanitation coverage in the region. In collaboration with local governments and target communities, the project has seen the establishment of over 1029 water schemes throughout the region and the construction of 176 ventilated improved latrines (VIPL) in public institutions, such as schools, clinics, and farmer training centers.⁸ Furthermore, the WASH initiative has conducted intensive sanitation and hygiene educational activities and trainings within communities and schools in the respective aforementioned woredas. CARE Ethiopia SGFO's WASH programming has been noted for achieving tremendous success due to its innovative strategies and approaches in project implementation.

TESFA Project

Initiated in 2010, TESFA (Towards Improved Economic and Sexual Reproductive Health Outcomes for Adolescent Girls), which stands for "hope" in Amharic, is a three-year development and research initiative which seeks to bring about measurable, positive change in the areas of economic empowerment and sexual reproductive health for 5,000 ever-married adolescent girls (ages 14-19) in the South Gondar zone. While many development initiatives have been implemented to target women and children in the region, this specific target group has been largely overlooked.⁹ In particular, adolescent girls in rural regions throughout Ethiopia often face multi-faceted impediments to educational and economic opportunity and access to health services, stemming from deeply embedded social norms and practices. In collaboration with the International Center for Research on Women (ICRW), Organization for Rehabilitation and Development of Amhara State (ORDA), Family Guidance Association of Ethiopia (FGAE) and Birhan Research and Development Consultancy (BRDC), the project is being carried out in the Farta and Lay Gayint woredas, which consist of 25 kebeles.¹⁰ TESFA participants (the adolescent girls) are divided into three distinct intervention 'arms': 1. Economic Empowerment (EE), 2. Sexual Reproductive Health (SRH), and 3. Combined (EE & SRH) whereby each group of girls receives separate training based on the above components. By comparing the results of each arm, staff can ultimately ascertain the impact and efficacy of programming which offers a curriculum based on each component in isolation or a combination of the two arms.¹¹ Evidence

⁸ Ewunetie, Tesfaye (2012). *CARE – CNHF Semi – Annual WASH Report, January – June 2012*. CARE Ethiopia South Gondar.

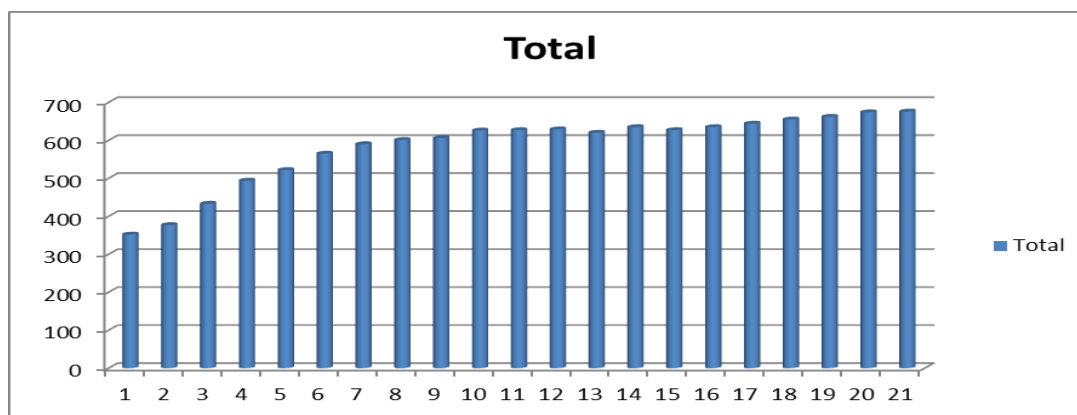
⁹ Gaynair, Gillian (2012, 10 October). "Out of the Shadows: Changing the Course." *International Center for Research on Women*. Retrieved from <http://www.icrw.org/media/news/out-shadows-child-marriage-ethiopia-2>.

¹⁰ Tesfaye, Girma (2012 Nov). *TESFA Project Report to Nike Foundation: May – October 2012*. CARE Ethiopia South Gondar. Unpublished manuscript

¹¹ Tesfaye, Girma (2012 May). *TESFA Project Year 2 Progress Report*. CARE Ethiopia South Gondar. Unpublished manuscript

currently suggests that curricula which combine both economic empowerment and sexual reproductive health deliver the best outcomes.¹²

Along with promotion of economic empowerment and sexual reproductive health among adolescent girls, the TESFA project concurrently works to combat the social norms and attitudes which undermine health and perpetuate gender based violence (GBV), early marriage¹³ and other harmful traditional practices (HTPs), gender inequity, and the widespread subjugation of women within these communities. The project thus implemented a method known as Social Analysis and Action (SAA) groups to help address these issues and bolster the initiatives aimed at improving economic and sexual reproductive health outcomes among these girls. Since inception of the project in 2010, the enrollment of adolescent girls and demand for the program from the community far exceeded expectations.¹⁴ A total of 5052 girls and their respective partners and families in 25 kebeles¹⁵ of two woredas have been impacted, which already exceeds the projected three-year target. Moreover, over 180 marriages of adolescent girls have been prevented or postponed by the support of SAA groups, while there was an increase of family planning and contraceptive use by 92% between October 2011 and September 2012 among target girls within four kebeles (SRH arm only) in the Farta woreda.¹⁶



Contraceptive use across girl meeting numbers in Farta woreda (Oct. '11 – Sept. '12); Source: TESFA Project Monitoring Data Base Wave I Kebeles

¹² Tesfaye, Girma (2012 Nov). *TESFA Project Report to Nike Foundation: May – October 2012*. CARE Ethiopia South Gondar. Unpublished manuscript

¹³ Early marriage, also known as child marriage, is any marriage carried out before age 18. In the context of the Amhara region, the bride is traditionally placed under the custody of the in-laws.

¹⁴ Engdawork, Habtamu (2012). *The Case of the TESGA Project: Empowering Ever-Married Adolescent Girls* [PowerPoint Slides].

¹⁵ Includes all pilot, implementation and controlled kebeles of each phase and arm

¹⁶ Tesfaye, G (9 January 2013). Personal communication and document review.

INNOVATIVE IMPLEMENTATION APPROACHES



A beneficiary of the WASH Program drawing water from one water point in Angot kebele

WASH Program

FACILITATION OF HIGH COMMUNITY PARTICIPATION AND OWNERSHIP

In upholding CARE Ethiopia's commitment to move beyond simply "delivering services to households" to addressing the underlying causes of poverty through partnerships, capacity building and rights-based programming,¹⁷ CARE Ethiopia SGFO has undertaken several notable measures to reinforce elements of civil society and promote local agency, participation, and community ownership within each of its projects. Strengthening the capacities of communities and local organizations will thus ensure long-term impact and sustainability, enabling local institutions to carry on the development process without continued external intervention.

¹⁷ *Partnership Strategy Document (2002)*. CARE Ethiopia.

Prior to 2006, the modality of SGFO's WASH program was a more supply-driven approach whereby CARE financed, implemented, and operated the project with little community involvement.¹⁸ Equipped with funding from donors, CARE would simply identify a potential area, conduct a technical evaluation of the land's water scheme suitability, and subsequently outsource to local well constructors in nearby urban centers with little input from the community.¹⁹ However, over time, the office found that the success, effectiveness, and ultimate sustainability of the interventions were very low, while the coverage area was limited due to insufficient funding. According to Adugnaw Tadessa, WASH Infrastructure Development Team Leader for CARE Ethiopia SGFO, approximately 40% of the water schemes established in the intervention areas were no longer functioning due to primarily technical problems caused by poor construction and lack of supervision, maintenance, and skilled manpower at the kebele level. Moreover, CARE often encountered opposition from the local government in terms of area selection and eligibility for project implementation.²⁰

As a result, the office began to reevaluate the existing modality of the initiative and found that the low sustainability was due in part to a lack of community involvement in the project's implementation process. There was little sense of responsibility or community ownership particularly in terms of labor or in kind/financial contributions to the operation and maintenance of the schemes, which in turn served as an impediment to sustainability and long-term impact. The use of contractors or masons from the local town further reduced the effectiveness of the project due to poor workmanship, time constraints, lack of accountability, and limited accessibility to remote areas for ongoing management and quality control of water points. Thus, in 2007, the office adopted a more community-based approach which promoted greater community participation and ownership in all stages of the intervention. This method ultimately proved to be more cost-effective, enabling the expansion of the program's outreach and impact without increasing staff and expenditures.²¹

In its shift to more community-based programming, in 2010, the office focused on maximizing the functionality of the previously-established WASH steering committee²² comprised of representatives from the local government, CARE Ethiopia, and other partner NGOs to jointly oversee the facilitation, coordination, and monitoring of the initiatives based on a more demand-driven approach which operates according to the community's requests. Request forms for WASH intervention are now submitted by each interested community and subsequently evaluated by representatives from the local government at the kebele and

¹⁸ Tadessa, Adugnaw (2012). "Water Supply Implementation Ways." CARE Ethiopia South Gondar. Unpublished report.

¹⁹ Ibid.

²⁰ Tadessa, A. (16 October 2012). Personal Interview.

²¹ Tadessa, Adugnaw (2012). *Water Supply Implementation Ways*. CARE Ethiopia South Gondar. Unpublished report; Tadessa, A. (16 October 2012). Personal Interview; Baye, D. (18 October 2012), Personal Interview.

²² Though the WASH Steering Committee was established in 2006, it had not been actively functioning.

woreda levels.²³ Requests which meet the established criteria are given to the WASH Steering Committee for final approval, and selection is undertaken through a formal Memorandum of Understanding signed between all parties.²⁴

WASH CO COMMITTEE

After being approved for WASH intervention, the community elects a WASH CO Committee per water scheme whose seven members represent them in the planning and implementation phases, as well as oversee the general management of the water points and hygiene and sanitation promotion in the area. The seven members include a chairperson, secretary, auditor, treasurer, health and sanitation promoter, and two water scheme caretakers who report directly to the Kebele Water Administration who thereafter reports to the woreda. In advancing CARE's vision at promoting gender equity and diversity at all levels, four of the seven members must be women.²⁵ At present, Tadessa asserts that over 50% of the caretakers of WASH CO Committees are women, while 63% of chairpersons and/or secretaries are female.²⁶ This indicates a dramatic change in the roles of women and in the prevailing societal attitudes towards females since the onset of the initiative.



Mulu Nebratu, chairwoman of the WASH CO Committee at one water point in Angot Kebele

For instance, although the WASH program was only implemented in the Libo KemKem Woreda one year ago, Alelegn Wube, Head of the woreda's Water Resource and Development Office and secretary of the WASH Steering Committee, proudly maintains that every WASH CO chairperson in the woreda is currently female.²⁷ Mulu Nebratu, chairwoman of the WASH CO Committee at one water point in Angot Kebele of the Libo KemKem Woreda, explained that in preparation for WASH CO member responsibilities, intensive training is given in the areas of community mobilization, water scheme maintenance, quality control, hygiene and sanitation and other related topics with additional training offered to females in basic life skills, family

²³ Tadessa, Adugnaw (2012). *Artisan Approach*. CARE Ethiopia South Gondar. Unpublished manuscript.

²⁴ Tadessa, Adugnaw (2011). *Specific approaches and tools for an improved and more sustainable implementation of community level IWRM: A case study of CARE South Gondar*. CARE Ethiopia South Gondar. Unpublished manuscript.

²⁵ *Water Supply and Sanitation Document* (2012). CARE Ethiopia South Gondar. Unpublished manuscript.

²⁶ Tadessa, A. (16 October 2012). Personal Interview; Baye, D. (18 October 2012), Personal Interview.

²⁷ Wube, A. (16 November 2012). Personal Interview.

planning, and decision making. Nebratu personally experiences the benefits of the women's empowerment training at the household level where decision making is now shared and division of household work is equitable.²⁸

Each water scheme is also provided with a log book, which enables the WASH CO Committee to document its history, use, and the challenges that arise. Besides supervising the management



Demois Legase, WASH CO Committee Treasurer at one water point in Angot kebele

of water points and holding monthly meetings at community level to disseminate information on hygiene and sanitation, committee members are also responsible for conducting 5-10 household visits per month to compare and evaluate the failures and successes of the hygiene and sanitation promotion.²⁹ According to both Nebratu and Demois Legase, WASH CO Committee treasurer of the same water point, long-term sustainability of water schemes is directly related to the establishment of WASH CO Committees since hygiene and sanitation promotion and water point management remain entirely in the hands of the community. They explained that it evokes a sense of ownership and a desire to invest labor, time, and money to sustain the water schemes for future generations, comparing the task to that of owning personal property and assets.³⁰

LOCAL ARTISAN APPROACH

In addition to the establishment of the two WASH committees, CARE Ethiopia SGFO developed the Local Artisan Approach to address the issues associated with outsourcing to contractors from local towns, and to elicit more community ownership and sustainability. To this end, in 2006, the office developed a Local Artisan Training Program as a capacity building initiative in which they train two elected individuals from each kebele in the theoretical and practical aspects of water scheme construction.³¹ Upon completion of a theoretical exam, each individual receives a personal tool kit and enters into a two-year apprenticeship with a skilled

²⁸ Nebratu, M. (16 November 2012). Personal Interview.

²⁹ Nebratu, M. (16 November 2012). Personal Interview; Legase, D. (16 November 2012). Personal Interview. Baye, Desta (18 October 2012). Personal Interview.

³⁰ Nebratu, M. (16 November 2012). Personal Interview; Legase, D. (16 November 2012). Personal Interview

³¹ CARE Ethiopia (2010). *Innovation: The Local Artisan Training Program*. CARE Ethiopia South Gondar.

well constructor under close supervision and evaluation by CARE and the local government. Based upon the quality of their performance over the two-year apprenticeship, they are certified to construct and maintain latrines and two types of rural water points, a hand dug well and a spot spring.³² By 2008, after the first wave of training, the Local Artisan Approach had been fully implemented with each trained artisan assigned to a particular water scheme; the program thereafter provides yearly follow-up training at scheme level.³³

Since implementation of the approach, 253 individuals have been trained and certified in water scheme and latrine construction within eight woredas and actively working in collaboration with the government and CARE Ethiopia to provide water services to their respective communities. Adugnaw Tadessa, WASH Infrastructure Development Team Leader for CARE Ethiopia SGFO, noted that although the project's target was to train only two artisans per kebele, upon request of the zonal government to increase skilled manpower and employment at the kebele level, CARE and project staff trained an additional 48 individuals.³⁴

Habtu Gedefika and Anchinalla Muche, two trained local artisans in the Angot kebele, explained that the artisan training program has facilitated change at both the personal and communal levels. They shared that while the training has personally enabled them to establish a living and provide for their families, it also enhanced their community's access to clean water by entrusting them with oversight of water scheme construction and follow-up maintenance in the area. Contrary to the previous substandard work of masons from local towns, Gedefika and Muche both emphasized the feeling of a sense of responsibility of serving their own community, which urges them to use high quality materials and proper design techniques. One of the main benefits of having local artisans, they explained, is their ability to attend to potential issues and malfunctions of water points in a timely manner due to living in close proximity.³⁵



Habtu Gedefika, a trained local artisan in Angot kebele

³² *Water Supply and Sanitation Document* (2012). CARE Ethiopia South Gondar. Unpublished manuscript; *Artisan Approach Document* (2012). CARE Ethiopia South Gondar. Unpublished manuscript; Tadessa, A. (14 January 2012). Personal Communication.

³³ Ibid.

³⁴ Tadessa, A. (22 October 2012). Personal Interview.

³⁵ Muche, A. (16 November 2012). Personal Interview; Gedefika, H. (16 November 2012). Personal Interview.

Thus, the Local Artisan Approach not only succeeded in eliciting professional development and income generating activities (IGA) at the kebele level, but also facilitated the building of the community's capacity to construct and manage their own water supply facilities. This in turn has raised the quality of work and functionality of the water schemes due to local artisans' commitment, accountability and sense of duty to their individual communities. To this end, there were reportedly a reduced number of incidents of material and resource misuse and an increase of constructed water points in rural/inaccessible areas due to their indigenous knowledge and understanding of the land.³⁶

The Local Artisan and WASH CO Committee approaches are aspects of CARE's strategy to promote community participation and ownership, which have led to a dramatic increase in community contributions to the program in the form of labor and cash resources, from five percent in 2007 to 40% in 2012.³⁷ For instance, Demois Legase, WASH CO Committee treasurer at one water point in Angot kebele, explained that the money which would have previously gone to medical care to treat individuals with illnesses related to poor water quality and hygiene and sanitation in the area, is now being saved and collected by the community for continued maintenance of water schemes and latrines.³⁸ In addition, local artisans have begun to establish cooperatives by together collecting spare parts and construction material for latrine and water scheme maintenance at the kebele level, which reduces the burden of traveling long distances to urban centers to obtain additional supplies. In collaboration with the local government, CARE succeeded in obtaining official business permits for the cooperatives, enabling the local artisans to sell spare parts along with their services to the respective communities as a further IGA.

After CARE contributed the first installment of parts and construction material, the cooperatives use the profit generated to continue to maintain their business.³⁹ Four clusters of cooperatives have since been established in four kebeles, yet only one is currently functioning due to inter-personal conflict between artisans within the other clusters.⁴⁰ Tadesa, WASH Infrastructure Development Team Leader, maintains that CARE's WASH initiative is the only one that has succeeded thus far in eliciting 40% community contributions, which can be attributed

³⁶ *Innovation: The Local Artisan Training Approach Document*. CARE Ethiopia South Gondar. Unpublished manuscript; Tadesa, A. (22 October 2012). Personal Interview.

³⁷ Tadesa, Adugnaw (2012). *Water Supply Implementation Ways*. CARE Ethiopia South Gondar. Unpublished manuscript; Tadesa, Adugnaw (2011). *Specific approaches and tools for an improved and more sustainable implementation of community level IWRM: A case study of CARE South Gondar*. CARE Ethiopia South Gondar. Unpublished manuscript; Tadesa, A. (16 October 2012). Personal Interview.

³⁸ Legase, D. (16 November 2012). Personal Interview

³⁹ *Artisan Approach Document* (2012). CARE Ethiopia South Gondar. Unpublished manuscript; Tadesa, Adugnaw (2012). *Water Supply Implementation Ways*. CARE Ethiopia South Gondar. Unpublished

⁴⁰ Tadesa, A. (16 October 2012). Personal Interview.

to CARE SGFO's emphasis on community mobilization, capacity building, and government partnership.⁴¹

GED AND WOMEN'S EMPOWERMENT

In fulfilling one of CARE Ethiopia's strategic directions at targeting gender equity and diversity (GED) and promoting women's empowerment, the SGFO in collaboration with the local government, has made a powerful impact on long-standing gender dynamics in both the domestic and public spheres. Intervention measures not only stress women's participation, but also promote female leadership in all levels. Desilegn Govangold, Vice Administrative and Public Relations Head for Libo KemKem woreda, explained that the combination of women's empowerment efforts in CARE's initiatives and the government's policy to promote female senior leadership and advance democratic and equitable principles, is together working to change community perceptions of females. "Women have become cabinet members and give decisions on economic problems and government issues. All the government is practicing equality and gender issues. We are on the way to bring change," Govangold asserted.⁴² Likewise, according to Alelegn Wube, Head of the woreda's Water Resource and Development Office, women's roles at the household level in Libo KemKem have also begun to change. Women now partake in household decision-making and the management of household resources, while men actively share in tasks previously relegated to only women and children.⁴³

Moreover, as mentioned previously, four out of the seven WASH CO Committee members must be women with an emphasis placed specifically on their filling the positions of chairperson, secretary, and caretaker. At present, over 50% of all caretakers of WASH CO Committees are women, while 63% of chairpersons and/or secretaries are female. Some WASH CO Committees are entirely female.⁴⁴ "It gives the advantage to females," said Desilegn Govangold.



Anchinalla Muche, the only trained female artisan in the Libo KemKem woreda

⁴¹ Tadessa, A. (16 October 2012). Personal Interview; Baye, D. (18 October 2012), Personal Interview.

⁴² Govangold, D. (16 November 2012). Personal Interview.

⁴³ Wube, A. (16 November 2012). Personal Interview.

⁴⁴ Tadessa, A. (16 October 2012). Personal Interview; Baye, D. (18 October 2012), Personal Interview.

“This is a woman’s issue. We introduced it [this method] because it’s normally the responsibility of females to bring water and cook.”⁴⁵ Due to the government’s and CARE’s efforts in highlighting the centrality of females in water management, and their responsibility in preserving sanitation and hygiene at the household and community level, communities began to more readily accept women in positions of leadership, which further served as a conduit to change perceptions of women and alter typical socially-determined roles of males and females. “Women have defied cultural norms to become early adopters of latrines and are almost always the main participants at hygiene promotion sessions because of their concern for the health of their families,” stated CARE’s 2011 report on the relationship between women and water.⁴⁶ Desta Baye, WASH Project Team Leader for SGFO, further asserted that women are traditionally seen as pillars of the family and household. Because intervention areas are predominantly Ethiopian Orthodox Christian, CARE’s WASH programming uses Biblical narratives and principles to elicit discussions and dialogues with the community regarding the value and importance of women. In addition to the element of women’s empowerment and gender equity, evidence also suggests that women are more reliable in maintaining water points and managing money collected from the community.⁴⁷

Since 2008, the WASH project also gives female WASH CO members additional training in the areas of leadership and life and business skills, as well as in the practices of credit and saving and small IGAs.⁴⁸ Consequently, one to two women’s credit and savings groups have been established at water points, which not only promotes the practice of saving and IGAs, but also serves as an opportunity to discuss hygiene and sanitation, address social issues and maintain the water scheme.⁴⁹ Approximately 125 groups have since been established. Money generated from the groups’ efforts are often used for continued maintenance of water facilities and/or given to support those in need within the respective community. This approach is cross-cutting in that it not only creates a sense of ownership of water schemes, but also serves as an entry point for hygiene and sanitation promotion and women’s empowerment at the household and community levels. According to Baye, all schemes currently managed by females are functioning and successful.⁵⁰

Furthermore, 36 women have thus far received training and certification in water scheme construction, and now serve as trained local artisans within their communities.⁵¹ Anchinalla

⁴⁵ Govangold, D. (16 November 2012). Personal Interview.

⁴⁶ CARE USA (2011 May). “Women and Water: A Relationship Both Obvious and Subtle.” Retrieved from <http://www.care.org/careswork/whatwedo/health/downloads/201106-Women-Water-Relationship.pdf>.

⁴⁷ Baye, D. (18 October 2012), Personal Interview; Govangold, D. (16 November 2012). Personal Interview.

⁴⁸ Nebratu, M. (16 November 2012). Personal Interview;

⁴⁹ Baye, D. (18 October 2012), Personal Interview; Tadessa, Adugnaw (2011). *Specific approaches and tools for an improved and more sustainable implementation of community level IWRM: A case study of CARE South Gondar*. CARE Ethiopia South Gondar. Unpublished manuscript.

⁵⁰ Baye, D. (18 October 2012), Personal Interview

⁵¹ Tadessa, A. (16 October 2012). Personal Interview.

Muche, the only trained female artisan of the Libo KemKem woreda, explained that although she had previously received a diploma in masonry, she had difficulty finding employment. After taking part in CARE's Local Artisan Training Program, she now has the ability to make a living in her field of expertise and contribute to her community by providing ongoing service and maintenance of local water schemes. Muche expressed her gratitude and appreciation to CARE and the kebele administration for providing equal opportunity to women and promoting gender equity, which enabled her to advance in her education and profession.⁵² Thus, in cooperation with the local government, CARE SGFO's efforts in promoting gender equity and women's empowerment through WASH CO Committees, the Local Artisan approach, and women's credit and savings groups together tackle harmful social norms, raise the status of women, and mobilize community members to become stronger agents of change.

A Story of One Woman's Struggle to Overcome Gender Disempowerment & Inspire Others

Teja Gedifie Kebede, 33 years old and married with four children, lives in Gndatemem kebele of East Estie woreda where she currently works as a farmer. Although she did not complete her primary education, she can read and has gleaned much knowledge about the proper use of water and hygiene and sanitation through CARE Ethiopia South Gondar's WASH intervention. She has also fulfilled all eleven elements of the government's Health Extension Package.

In addition, Kebede shared that she has gained a greater sense of self-worth and confidence as a woman and now empowers other women and challenges oppressive social norms. In the past, she was unaware that she had the innate ability and power to overcome poverty, believing that it was her God-ordained allotment in life to be a woman and therefore subject to a life of impoverishment. Tradition and religion have a strong influence over women's social roles in Ethiopian society, often dictating a woman's entire life. Customs determine women's dress, while social norms shape girls' overall behavior, often denying them the fundamental ability and right to make their own decisions.

However, she slowly began to transform her life. Kebede took part in the WASH CO Committee training, where she received instruction in proper sanitation principles and leadership training. As a result, she started to promote hygiene and sanitation at both the household and community levels while beginning small income generating activities. She is now the leader of a woman's association and savings group, which serves as an entry-point to empower other women in her community. "Most wives are abused by their husbands," she said. "But such incidents are now being reported and through discussion, we can solve their problems before they are harmed." As to her next endeavor, Kebede is currently saving money to engage in small-scale trade initiatives and aspires to encourage other vulnerable women to overcome poverty and let their voices be heard.

⁵² Muche, A. (16 November 2012). Personal Interview.

HYGIENE & SANITATION PROMOTION

CLTSH Framework & ODF Kebeles

Since 2005, increased attention has been given to the promotion of hygiene and sanitation in water implementation areas in order to maximize the health benefits and overall impact of CARE's WASH intervention due to the inherent correlation between water and hygiene and sanitation. Evidence revealed that the standards of hygiene and sanitation were remarkably low in the target communities, which perpetuated continual water contamination and the prevalence of water-borne sickness. CARE Ethiopia SGFO thus developed three methods to address the issue of poor hygiene and sanitation: community mobilization, religious leader recruitment, and school WASH Clubs.⁵³ As part of CARE SGFO's modality in facilitating community participation and agency, in 2008, the office adopted the Community-led Total Sanitation and Hygiene approach (CLTSH), joining government efforts in mobilizing communities to improve the overall standard of hygiene and sanitation and create Open Defecation Free (ODF) kebeles through 'community ignition' activities. This framework has been introduced in approximately eight intervention woredas.⁵⁴ Evoking a sense of responsibility and ownership for the community's overall health and well-being, this approach is based upon the community collectively recognizing the harm and negative impacts associated with open defecation and poor hygiene and sanitation. The CLTSH framework consists of the following five tools used to ignite the community:⁵⁵

- Shame-walk
- Mapping of household latrine coverage
- Feces calculation
- Feces flow diagram
- Glass of water demonstration

The shame-walk mobilizes the community to examine the state of open defecation on a physical walk around the community. Thereafter, discussions are held on communal hygiene and sanitation and ways for the community to tackle the phenomenon of open defecation. Community members map locations of household latrines and calculate the amount of feces the entire community produces. Trained community mobilizers and health extension workers (HEWs) also present pictorial diagrams of the cycle of water contamination and use glasses of water containing hair particles to illustrate the invisibility of germs and bacteria. Government inventories of latrine coverage areas are also conducted while monthly review meetings with religious leaders, HEWs, and the local government have been instituted to support and monitor

⁵³ Nebratu, M. (14 November 2012). Personal Interview; *EU – LEGAS WASH Report: Annex VI Interim Narrative Report August 2011 – June 2012*. CARE Ethiopia South Gondar. Unpublished manuscript.

⁵⁴ Ibid.

⁵⁵ Amhara Regional State Health Bureau. *Community-led Total Behavior Change in Hygiene and Sanitation: Handbook for Health Extension Workers*. Supported by USAID, HIP, and WSP.

the hygiene and sanitation promotion within the community. All of this is indicative of increasing community and local government responsibility and ownership.⁵⁶

Since implementation, CLTSH and ODF promotion has been introduced in approximately eight intervention woredas, while in 2012 alone, a total of 618 community health leaders and development agents (484 Female and 134 Male) were trained in specifically ODF awareness and promotion efforts in 13 kebeles in the Farta woreda.⁵⁷ According to Adugnaw Tadessa,



WASH Infrastructure Development Team Leader and Muluaem Getie, Health and Sanitation Specialist for CARE Ethiopia SGFO, in order for a kebele to be officially determined ODF, it must go through a long process of community-wide behavioral change in which there is 100% household and communal latrine coverage and usage. Moreover, the state of public and communal spaces must also be kept clean and defecation free. The status of the kebele is thereafter assessed and evaluated by CARE and the government at the woreda level for an entire year to receive official recognition.⁵⁸

As of June 2011, Kanat of Farta woreda with a population size of approximately 6500 is the only kebele to have received official ODF status and be recognized at a national level by the Ministry of Health. Green flags, selected entirely by the community, stand at the

entrance to each of the kebele's 31 villages as a monitoring system. If open defecation is found in the kebele, the flags are immediately lowered and a community-wide meeting is called to address the issue.⁵⁹ Among the commendable efforts made to achieve ODF status, Negusi Manbar, Kanat Kebele Administrator, explained that religious leaders and kebele government officials first took the lead in establishing personal latrines to set an example for others. The community thereafter initiated the construction of 16 public roadside latrines to combat open

⁵⁶ Getie, M. (14 November 2012). Personal Interview; Pankhurst, H. and Kedebe, A. (December 2012). *Strategies to Improve WASH Implementation in South Gondar*. CARE Ethiopia and CARE USA.

⁵⁷ Getie, M. (14 November 2012). Personal Interview; Ewunetie, Tesfaye (2012). *CARE – CNHF Semi – Annual WASH Report January – June 2012*. CARE Ethiopia South Gondar.

⁵⁸ Getie, M. (14 November 2012). Personal Interview; Tadessa, A. (16 October 2012). Personal Interview.

⁵⁹ Getie, M. (14 November 2012). Personal Interview; Tadessa, A. (16 October 2012). Personal Interview; Manbar, N. (14 December 2012). Personal Interview; CARE Ethiopia South Gondar. (2012). *Kanat Open Defecation Free Kebele (ODF)*. [Brochure]. Getie, Muluaem: Author.

defecation by shepherds and others in transit to local towns.⁶⁰ At present, four other kebeles, namely Askuma, Gasay, Sahirna, and Awuzet in the Farta woreda are approaching ODF status with nearly 100% latrine coverage, but the extent of usage has yet to be confirmed.⁶¹



A demo home containing elements of the government's Health Extension Package located on the grounds of the Kanat kebele administration to promote household hygiene and sanitation

Along with CLTSH promotion, and in order to further uphold the mutually-supportive relationship between CARE and the local government, CARE SGFO staff works alongside government HEWs to help implement the government's Health Extension Package comprised of the following 11 elements:⁶²

- Construction and use of household latrine with proper feces disposal
- Hand-washing with soap or other substitute at critical times
- Smokeless Stove
- Separate living quarters for humans and livestock

⁶⁰ Manbar, N. (14 December 2012). Personal Interview

⁶¹ Getie, M. (14 November 2012). Personal Interview

⁶² EU – LEGAS WASH Report: Annex VI Interim Narrative Report August 2011 – June 2012. CARE Ethiopia South Gondar. Unpublished manuscript; Tadessa, Adugnaw. *Specific approaches and tools for an improved and more sustainable implementation of community level IWRM: A case study of CARE South Gondar*. CARE Ethiopia South Gondar. Unpublished manuscript.

- Solid waste disposal pit
- Liquid waste disposal pit
- Use of narrow neck container to store water (i.e. jerry-cans)
- Cleanliness of utensils and proper kitchen utensil storage (i.e. shelves)
- Vaccinations for mothers and children
- Environmental and compound sanitation
- Use of mosquito net treated with insecticide to prevent malaria⁶³

Households who fulfill all 11 aspects are officially recognized by the government at the woreda level and awarded a certificate.

Religious Leaders

In addition to ODF promotion activities in the implementation of CLTSH, CARE SGFO also began targeting major community stakeholders to more effectively promote hygiene and sanitation and elicit long-term behavioral change. Among its innovative strategies, in 2010, CARE SGFO piloted the mobilization and training of religious leaders/priests, as influential stakeholders capable of leveraging their position to effectively and efficiently address the issue of hygiene and sanitation in the community.⁶⁴ Moreover, the majority of churches, often central institutions and establishments to a community, were previously without latrines, leading to heavy field defecation on church property and the perpetuation of poor hygiene and sanitation behavior in the area.⁶⁵ Acknowledging the predominance of Ethiopian Orthodox Christianity in the region, CARE developed an innovative approach based upon Biblical concepts and perspectives on hygiene and sanitation to actively and successfully engage religious leaders and generate partnership in raising community standards.



Kes Telehun Wendemegan, one of 10 trained priests in hygiene and sanitation promotion in Kanat kebele

⁶³ Getie, M. (24 December 2012). Personal Communication.

⁶⁴ Getie, M. (14 November 2012). Personal Interview; *EU – LEGAS WASH Report: Annex VI Interim Narrative Report August 2011 – June 2012*. CARE Ethiopia South Gondar. Unpublished manuscript.

⁶⁵ Getie, M. (14 November 2012). Personal Interview

In collaboration with government partners and the zonal Ethiopian Orthodox Church office, CARE created special guidebooks and held extensive training on hygiene and sanitation education for religious leaders, whereby trainees are introduced to hygiene and sanitation from a Biblical perspective and thereafter develop action plans for tackling the issue.⁶⁶ Thus, alongside the promotion of latrine construction on church property, religious leaders and priests have begun to incorporate the topics of hygiene and sanitation into their sermons and advise followers on the construction of household and communal latrines. Many Biblical proverbs can be easily translated into modern, health practices, explained Muluaem Getie, Health and Sanitation Specialist at CARE Ethiopia SGFO.⁶⁷

Kes (*Priest*) Telehun Wendemegan, one of 10 trained religious leaders in the Kanat kebele, explained that he correlates personal hygiene and cleanliness to the image of angels and the notion of righteousness and purity found implicit throughout the Bible.⁶⁸ Biblical references to hygiene and sanitation fused with local, contextual illustrations and imagery help to reinforce its promotion, for instance, the image of the number of donkeys required to collect an entire community's amount of waste. Over the course of 2012, zonal and woreda-level religious leaders have initiated the development and publication of a religious guidebook on hygiene and sanitation inspired by Biblical themes and perspectives, which is scheduled to go into print in early 2013.⁶⁹

Since implementation of this approach, over 442 religious leaders in eight intervention woredas received training in hygiene and sanitation education, while approximately 260 churches constructed their own latrines with hand-washing facilities.⁷⁰ In the Kanat kebele alone, Kes Telehun Wendemegan asserted that two religious leaders/priests per church were instructed in the area of hygiene and sanitation education while each church has constructed at least two latrines replete with proper washing facilities. In addition to the religious leaders' overall impact upon the community, each priest has approximately 20 spiritual sons and daughters on whom they have direct influence, helping to further raise the standards of hygiene and sanitation in the community.⁷¹ According to Negusi Manbar, Kanat kebele administrator, religious leaders also take advantage of community-wide gatherings and religious ceremonies to circulate the message on hygiene and sanitation. There are currently five churches in the Kanat Kebele of the Farta woreda, resulting in a total of 10 trained religious leaders.⁷² Moreover, Muluaem Getie asserted that although this approach was only introduced in Libo

⁶⁶ *EU – LEGAS WASH Report: Annex VI Interim Narrative Report August 2011 – June 2012*. CARE Ethiopia South Gondar. Unpublished manuscript.

⁶⁷ Getie, M. (14 November 2012). Personal Interview.

⁶⁸ Wendemegan, T. (14 December 2012). Personal Interview.

⁶⁹ Getie, M. (27 December 2012). Personal Communication.

⁷⁰ Getie, M. (24 December 2012). Personal Communication; Ewunetie, Tesfaye (2012). *CARE – CNHF Semi – Annual WASH Report January – June 2012*. CARE Ethiopia South Gondar. Unpublished manuscript.

⁷¹ Wendemegan, T. (14 December 2012). Personal Interview.

⁷² Manbar, N. (14 December 2012). Personal Interview.

KemKem woreda earlier this year, already 50% of all churches have constructed latrines and are currently utilizing them.⁷³

School WASH Clubs

The third channel in which CARE implemented to raise the standards of hygiene and sanitation in communities was the establishment of School WASH Clubs, which are responsible for the promotion of hygiene and sanitation among primary school students.⁷⁴ Since implementation of this approach in 2006-2007, around 150 WASH Clubs have been formed in eight woredas, while in 2012 alone, approximately 80 WASH Clubs were established with an average of one club per intervention kebele.⁷⁵ Each club is comprised of nominated teachers, students, and school administrators. In cooperation with woreda Health and Education Offices, CARE conducted training in basic hygiene and sanitation education for four to five WASH Club member representatives, training 120 members from three different woredas.⁷⁶

After completion of the training, WASH clubs developed school-wide action plans to promote hygiene and sanitation through a variety of creative means, including the use of dramas, songs, poetry, role play, demonstrations, and school assemblies.⁷⁷ Maza Ademsi, WASH Club facilitator in one of the schools in Kanat kebele, explains that they also conduct shame-walks with students around the school compound and within a 15 km radius from the property. If open defecation is found, they often use illustrations, for instance, placing human waste within a bottle of water, and asking students if they would venture to drink it, indicating the connection and cycle between open defecation and water contamination. Kanat kebele manager, Meseret, further added that students will now not even urinate outside. "If pee is found on the ground, students will shout."⁷⁸

As a component of the widely-used Behavioral Change Communication⁷⁹ (BCC) tool, signs and documents are also posted in and around school compounds listing specific guidelines for the preservation of good personal hygiene. For instance, a large sign stands at the entrance of the school compound in Kanat, listing three basic hygiene and sanitation principles: 1. Wash hands with soap (or ash) and water after bathroom use, before food preparation, and after cleaning children, 2. Use and promote construction of latrines, and 3. Use jerry-cans for proper handling and treatment of drinking water. Furthermore, a model traditional latrine has been constructed on school property for urging students and parents to build household latrines. As a gender-

⁷³ Getie, M. (14 November 2012). Personal Interview.

⁷⁴ Grades 1 - 8.

⁷⁵ Tadessa, A. (14 January 2012). Personal Communication.

⁷⁶ Getie, M. (24 December 2012). Personal Communication.

⁷⁷ Getie, M. (14 November 2012). Personal Interview.

⁷⁸ Ademsi, M. (14 December 2012). Personal Interview

⁷⁹ BCC is a development tool widely-used to promote hygiene and sanitation through thorough planning, follow-up, and evaluation.

specific WASH intervention measure, CARE Ethiopia SGFO also launched menstrual management initiatives in 30 schools in three woredas, distributing two reusable sanitary pads to female students in order encourage general use and raise awareness to proper menstrual hygiene practices.⁸⁰



Signs listing basic hygiene and sanitation principles stand in the entrance of Kanat primary school

In addition to encouraging behavioral change in personal hygiene among students, they are also given the responsibility for keeping school classrooms, compounds and latrines clean and tidy. Ababu Azi, the principle in one of the schools in Kanat Kebele with 1151 students, explained that the WASH club works with homeroom teachers to place students on a rotating cleaning schedule and monitor daily classroom cleaning. “Before last year, no attention was given to the [WASH] clubs. Since this past year, we began to give attention and increase knowledge about hygiene and sanitation and understanding and trying to do so many things rather than before,” said Ababu Azi.⁸¹ At present, all schools in the Kanat kebele have safe water supply, full child-suitable latrine coverage (separate female and male), and hand-washing facilities.⁸²

⁸⁰ Getie, M. (24 December 2012). Personal Communication

⁸¹ Azi, A. (14 December 2012). Personal Interview.

⁸² Manbar, N. (14 December 2012). Personal Interview.

Student Transforms the Community through Hygiene and Sanitation Promotion

Worknesh Wubetu is 14 years old and in 7th grade in Kanat School of Kanat Kebele in Farta Woreda where she serves as a member of the School WASH Club. She is one of eight children. While three of her siblings are currently attending school, others are either married and engaged in agricultural activities or employed outside of their woreda. Prior to the establishment of the WASH Club within her school, she explained that the level of cleanliness and overall hygiene and sanitation was significantly low. “The latrine in our school was not clean since there was no regular cleaning program due to lack of awareness,” she said. “The smell in the latrine was so bad due to the feces and urine all over the slab. And, there were no solid and liquid waste disposal pits in the school.”

Moreover, she explained that there was no regular hygiene and sanitation education, remarking that students did not wash their hands properly before meals or after using the latrines. She noted, however, that menstrual management was discussed briefly with teachers and among friends, leading them to use clean cotton cloths to absorb the discharge.

Commenting on the state of hygiene and sanitation in her home, she stated, “My family had no clear understanding about hygiene and sanitation, although they had received some information from public meetings. There was no solid and liquid disposal pit in our home. Waste matters were dropped everywhere around the home and although we constructed a latrine, it was also not properly used and lacked hand-washing facilities.” As result, they often resorted to open defecation. After WASH club members received training in the facilitation of proper hygiene and sanitation practices, changes began to occur at the household and community level.

Worknesh noted that they began to openly discuss the problem of poor sanitation in the school and together decided to tackle the issue. Student WASH Club members conducted trainings and discussions about hygiene and sanitation among the student body. “At this time, every student practices how to wash their hands,” Worknesh said. “On Monday, every student also washes his/her clothes and bodies.” She further added that they clean the school latrines every Friday. “We clean the floors, walls, and the area surrounding the latrines.”

Furthermore, club members and other students disseminate the information to their families and communities. “Outside school we advise our families and neighbors. There are visible changes in our homes.” For example, family members have started using the latrine, reducing incidents of open defecation, and proper washing facilities have been installed. Entire families now wash their hands before the meal and after using the latrine, while special pits for solid and liquid waste disposal are also used regularly.

INTEGRATED WATER RESOURCE MANAGEMENT

The aforementioned strategies also represent CARE SGFO's efforts to transition into the community-based Integrated Water Resource Management (IWRM) framework in accordance with the goals and objectives of the Millennium Water Program - Ethiopia. The IWRM approach takes into account environmental and climatic factors surrounding sustainable management of water resources with an emphasis on multiple-uses of water, women's empowerment, IGAs, environmental protection and mitigation of climate change impact and potential upstream/downstream conflicts. Among the efforts currently underway in CARE's WASH programming is monitoring water quality and quantity, ensuring effective drainage management, evaluating upstream and downstream rights prior to intervention, and safeguarding water sources.⁸³

ENHANCEMENT OF COLLABORATION WITH LOCAL GOVERNMENT & OTHER PARTNERS

In seeking to attain full water and hygiene and sanitation coverage of the South Gondar zone, CARE Ethiopia SGFO has been noted for taking the lead in collaborating with multi-level government bodies and other partners, including ORDA and the Ethiopian Orthodox Church. Strategic coordination and collaboration between the abovementioned actors are undertaken in all stages of the intervention through established WASH Steering Committees at both the woreda and zonal levels. The woreda level steering committee meets monthly and works directly with CARE and kebele water administrations for program planning, site selection, project implementation and monitoring and evaluation, while the zonal-level steering committee meets quarterly and provides general oversight, support, dissemination of lessons learned, and overall strategic direction for the entire zone.⁸⁴

Desilegn Govangold, Vice Administrator and Public Relations head and steering committee member in the Libo Kemkem woreda, described the committee as "an organism who coordinates all sectors and offices for contributing to the development of WASH."⁸⁵ Beyond project planning and organization, Govangold explained that the committee is also responsible for mobilizing the community and addressing issues that arise.⁸⁶ Alelegn Wube, Head of Water Resource and Development Office and steering committee secretary for Libo Kemkem, further

⁸³Tadessa, Adugnaw. *Specific approaches and tools for an improved and more sustainable implementation of community level IWRM: A case study of CARE South Gondar*. CARE Ethiopia South Gondar. Unpublished manuscript; "Millennium Water Program – Ethiopia (MWP-E) Strategy & Implementation Policies, 2011-2016"

⁸⁴ Baye, D. (18 October 2012), Personal Interview; Tadessa, A. (16 October 2012). Personal Interview; Pankhurst, H. and Kedebe, A. (December 2012). *Case Study: Strategies to Improve WASH Strategies in South Gondar, Ethiopia*. CARE USA and CARE Ethiopia. Retrieved from <http://water.care2share.wikispaces.net/file/view/South%20Gondar%20Full%20Length%20Case%20Study.pdf/387351936/South%20Gondar%20Full%20Length%20Case%20Study.pdf>.

⁸⁵ Govangold, D. (16 November 2012). Personal Interview.

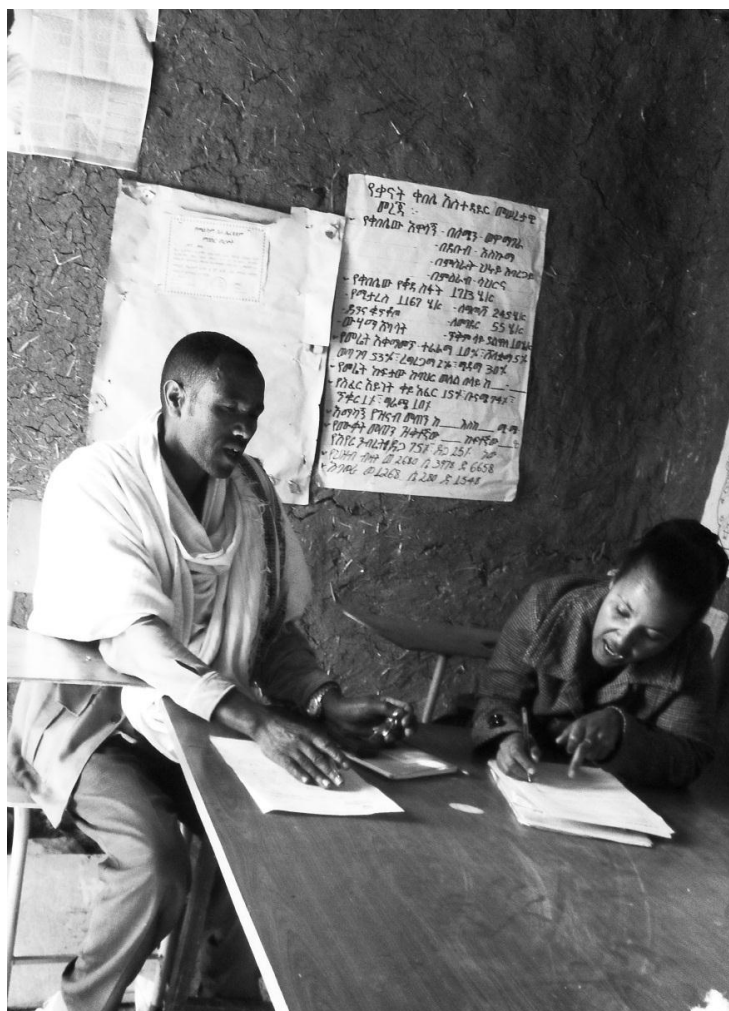
⁸⁶ Ibid.

added that all sectors are involved in the development to promote community ownership to ultimately maintain the project.

For instance, the kebele administration along with WASH CO Committees per water point serves as a bridge between the community, the woreda and the WASH Steering committee.⁸⁷

“We together can plan activities; we together can introduce to the people this benefit. We plan, implement and solve problems together,” said Govangold.⁸⁸ Due to CARE’s approach of engaging the local government along with its innovative strategies in facilitating high

community ownership, CARE Ethiopia SGFO’s programming is the only WASH initiative to have successfully generated 40% community contribution in terms of labor and cash resources.⁸⁹ Moreover, local government actors have expressed their preference in working with CARE over other NGOs due to their emphasis on partnering with the government and target communities for project implementation.⁹⁰ “CARE’s program is better than any other NGO. They start in the marginalized areas where the NGOs and the government can’t reach. It’s very impressive and attractive. It makes CARE stand out. It [the program] gives the community a chance to contribute more than any other WASH project,” said Govangold.⁹¹ He also remarked that the local government contribution to the project reached 20% in 2012.⁹²



Negusi Manbar, Kanat kebele administrator, discussing elements of the WASH program with CARE SGFO staff member

⁸⁷ Wube, A. (16 November 2012). Personal Interview.

⁸⁸ Govangold, D. (16 November 2012). Personal Interview.

⁸⁹ Tadessa, A. (16 October 2012). Personal Interview; Baye, D. (18 October 2012), Personal Interview.

⁹⁰ Baye, D. (18 October 2012), Personal Interview.

⁹¹ Govangold, D. (16 November 2012). Personal Interview.

⁹² Ibid.

Though CARE Ethiopia SGFO's modality has concentrated on fostering dialogue and partnership with the local government over the past few years, they have only recently begun to establish a close relationship with the government at the zonal and regional levels, leading to greater impact and program success. As of 2011, the SGFO spearheaded the development of a WASH forum at the regional level to concentrate more on advocacy, strategies, and policy change measures while the office is at present working to establish linkage with the government at the national level. Having transitioned more into the role of a facilitator, CARE's ultimate goal is to empower the government to assist their own population and create a synergy to such an extent that multi-government structures in coordination with target communities will be solely responsible for project implementation and sustainability.

PROMOTION OF WASH GOVERNANCE

Promoting good governance is a central component implicit in CARE's overall approach to ensure sustainability of its water and hygiene and sanitation initiatives. The concept of good governance accompanies the SGFO's move into a more demand-driven and rights-based approach to its programming. This approach is characterized by the following five elements: transparency, accountability, participation, inclusiveness and empowerment,⁹³ and exemplified in the WASH project by the promotion of community management of water resources and hygiene and sanitation services, gender equity and women's empowerment, and collaboration with government bodies. Among the methods of promoting good WASH governance, the SGFO supported the establishment of WASH CO Committees, comprised of elected community members, to oversee water scheme operation and management. The office also encourages engagement of community members in all phases of the intervention including service requests, site selection, joint-planning, maintenance and access to budgetary information to reinforce community participation, accountability, and transparency. Referring to the procedure of requesting water services, Alelegn Wube, Head of Water Resource and Development Office of Libo Kemkem woreda, stated, "People have a right to water, and they can demand this right through requesting it. People can demand for this right if they fulfill the requirements and duties expected from their side."⁹⁴ Log books are also used to document the activities, history, and expenditures associated with each water point to ensure adequate governance of water schemes and finances. Community members have benefited from Local Artisan Training programs, a capacity building initiative, which not only promotes community engagement in the private sector and increases income-generating opportunities, but also provides respective communities with cost-effective and accountable water scheme services.

⁹³ CARE Ethiopia South Gondar (2010). *Understanding and Strengthening WASH Governance*.

⁹⁴ Wube, A. (16 November 2012). Personal Interview.

Likewise, as a means to further maximize community participation and inclusiveness, religious leaders and community institutions (i.e. WASH School Clubs) have played a major role in mobilizing the community and promoting hygiene and sanitation. In collaboration with local government actors, the program also actively works to advance gender equity and women's empowerment by encouraging women's leadership and challenging widespread gender dynamics in the domestic and public spheres. In an attempt to support the monitoring of scheme functionality, water quality, and long-term sustainability, the WASH program also reinforces joint-engagement and interface between local government bodies and the communities through a structure of previously mentioned committees. Capacity building and training are provided for government officials at various levels to augment the government's role in WASH programming within the communities.⁹⁵

As a method of monitoring the level of governance and service quality in the communities, in 2007, the office supported the establishment of monitoring groups in all eight woredas, comprised of government officials at the woreda level. These groups are responsible for facilitating ongoing Community Score Card (CSC) evaluations, which are based upon joint dialogues between the beneficiaries, local government, and benefactors or service providers in relation to water service, functionality of water points, and hygiene and sanitation.⁹⁶ All parties separately rate the level of service functionality, partnership, dialogue, and approachability of the other with the results subsequently submitted to the zonal level steering committee for further evaluation and the development of an action plan. Likewise, the office instituted two other monitoring techniques, Action Research and Governance Snapshot, which consist of distributing questionnaires to the community and collecting data on the level of community ownership and involvement in the management of water points and hygiene and sanitation promotion.⁹⁷

⁹⁵ Pankhurst, H. and Kedebe, A. (December 2012). *Strategies to Improve WASH Implementation in South Gondar*. CARE Ethiopia and CARE USA.

⁹⁶ *EU – LEGAS WASH Report: Annex VI Interim Narrative Report August 2011 – June 2012*. CARE Ethiopia South Gondar. Unpublished manuscript.

⁹⁷ Tadessa, A. (16 October 2012). Personal Interview; Baye, D. (18 October 2012), Personal Interview



TESFA's adolescent girls' discussion group meeting in Atadidim kebele

TESFA Project

GENERATING SOCIAL CHANGE THROUGH SOCIAL ANALYSIS & ACTION GROUPS

The Social Analysis and Action (SAA) approach is a method that was implemented to augment the primary objective⁹⁸ of the TESFA project by challenging cultural norms and dispelling misconceptions of females which often hinder economic empowerment and undermine sexual reproductive health of the project's target group. According to the World Health Organization, the most powerful cause of health problems "are the social conditions in which people live and work, referred to as the social determinants of health. Social determinants reflect people's different positions in the social 'ladder' of status, power, and resources. Evidence shows that most of the global burden of disease and the bulk of health inequalities are caused by social

⁹⁸ The primary objective of the TESFA project is to bring about measurable, positive change in the areas of economic empowerment and sexual reproductive health for 5,000 ever-married adolescent girls (ages 14-19) in the South Gondar zone.

determinants.”⁹⁹ Due to the fact that regional social norms have been found to be an underlying cause of impediments to positive impacts in health and educational and economic empowerment of adolescent girls in the Amhara region, the TESFA project chose to strategically implement the SAA approach in order to generate overall sustainable change through the intervention.¹⁰⁰ In cooperation with local government actors, partner NGOs, and community change agents, this method has demonstrated notable success, and is one of CARE Ethiopia SGFO’s most exemplary intervention methods since inception of the project in 2010.

In promoting community voice, agency, and ownership, the SAA approach is based upon working with communities and local government bodies through recurring dialogue to uncover the social factors which perpetuate challenges to women’s health, and to jointly determine how to address them. The first stage in the process focuses on CARE staff, urging them to examine their own biases, attitudes, and behaviors that might reinforce or reduce social stigmas, discrimination and gender inequity. The SAA approach suggests that for a developmental and sustainable transformation to occur at the community level, change must begin with relevant project staff. The staff subsequently engages the community by together exploring the social realities and inequities which impact health, and encourages the community to exercise leadership in tackling these issues.¹⁰¹

In the Amhara region of Ethiopia, deeply embedded social phenomena contribute to adolescent girls’ increased vulnerability to poverty and poor health. Although the Ethiopian government enacted laws prohibiting early marriage¹⁰² in accordance with international children’s rights, women’s rights, and human rights, the Amhara region of Ethiopia still has one of the world’s highest rates of child marriage with half of the girls married by age 15. Dr. Feven Tassew, Sexual Reproductive Health Program Coordinator for CARE Ethiopia, said, “We want to create awareness of the magnitude of the problem that still exists despite many people denying the fact. Any future development efforts by the government, aid organizations and others in Amhara should involve this overlooked group of girls who are literally half the population, given the rate of early marriage in the region. They are the current and future hope of society.”¹⁰³

⁹⁹ World Health Organization (2005 March). *Action on the Social Determinants of Health: Learning from Previous Experiences*. Retrieved from http://www.who.int/social_determinants/resources/action_sd.pdf

¹⁰⁰ Tesfaye, Girma (2012 May). *TESFA Project Year 2 Progress Report*. CARE Ethiopia South Gondar. Unpublished manuscript; Mekonnen, Teferra (2011). *Progress Report for Nike Foundation: Annual Report May – October 2011*. CARE Ethiopia South Gondar. Unpublished manuscript.

¹⁰¹ CARE. Social Analysis and Action Explanation Document.

¹⁰² In June 2003, Ethiopia passed a law outlawing ‘early marriage,’ defined as any marriage before the age of 18. Mekonnen, Berihun M. and Harald Aspen (2009). “Early Marriage and the Campaign Against it in Ethiopia.” In Ege et al (Eds.), *Proceedings of the 16th International Conference of Ethiopian Studies*, (pp. 1001-1012). Trodheim. Retrieved from <http://portal.svt.ntnu.no/sites/ices16/Proceedings/Volume%203/Berihun%20M.%20Mekonnen%20and%20Harald%20Aspen%20-%20Early%20Marriage.pdf>

¹⁰³ Gaynair, Gillian (2012, 10 October). “Out of the Shadows: Changing the Course.” *International Center for Research on Women*. Retrieved from <http://www.icrw.org/media/news/out-shadows-child-marriage-ethiopia-2>.

Child marriage along with other HTPs, such as female genital mutilation (FGM), and GBV often lead to the discontinuation of education, increased social isolation, greater disempowerment of adolescent girls, and maternal and infant mortality.¹⁰⁴

The TESFA project thus launched the SAA approach to provide support to the girls' discussion and support groups¹⁰⁵ in the two implementation woredas, Farta and Lay-Gayint, by targeting specific community stakeholders characterized as "gatekeepers" or those typically responsible for ever-married adolescent girls: husbands, in-laws, parents, government HEWs, religious leaders, and others.¹⁰⁶



SAA meeting in the Atadidim kebele

Parallel to CARE's engagement of religious leaders to effectively promote hygiene and sanitation in the WASH program due to their strong leverage in the community, the TESFA project also employs the use of religious leaders to reinforce the project's efforts and elicit further community-wide social change.

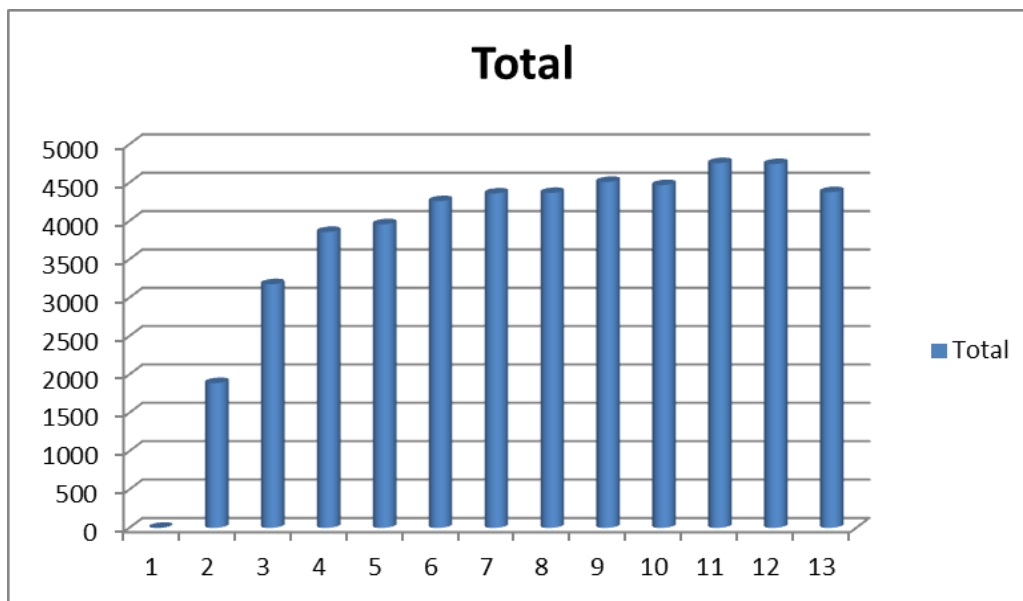
Each gatekeeper is selected by their respective communities, forming four distinct SAA discussion groups per kebele with approximately 25-30 members. SAA members are also intimately involved in the nomination and selection process of each of the girls to achieve further community participation and ownership in all implementation phases. All SAA groups received training on how to reflect on and combat HTPs dictated by socio-cultural practices and attitudes, while each member is responsible for disseminating the knowledge to five other households. Discussion topics include gender, power relations, household division of labor,

¹⁰⁴ Brenda Rodgers (2012). "Child Marriage in Ethiopia and its Associated Human Rights Violations." UW Bothell Policy Journal, 11-19. Retrieved from <http://uwbpolicyjournal.files.wordpress.com/2012/06/child-marriage-pdf-final.pdf>

¹⁰⁵ The framework of the TESFA project is based upon girl discussion groups, which with the assistance of two peer facilitators conduct semi-monthly discussion meetings on variety of topics, including SRH, family planning, HTPs, GBV, communication and life skills, decision-making capacity, conflict resolution, savings and IGAs.

¹⁰⁶ Tassew, F. and Edmeades, J. (2011). *Reaching Ever-married Adolescent Girls with Family Planning Programming: Lessons from the TESFA Project in Amhara, Ethiopia* [Powerpoint slides]. Retrieved from http%3A%2F%2Ffamilyplanning.care2share.wikispaces.net%2Ffile%2Fview%2Foral_232_Mekuria.ppt&ei=BonIULKzF8zbsgajulHIAw&usg=AFQjCNF0wcl2crgIF0_B4pdhKBCgW66aXQ&bvm=bv.1355534169,d.Yms

decision-making power, GBV, early marriage, family planning, and other related topics. Meetings are held monthly with the guidance of two appointed group facilitators (one male and one female).¹⁰⁷ One SAA group facilitator, Kes (priest) Walle Terekegn, in Maynet kebele of the Farta woreda, shared that he uses his position and influence as a religious leader to combat HTPs and change society’s perception of women based upon religious texts, often incorporating relevant subject matter into his sermons.¹⁰⁸



Number of household visits per month by SAA members from Sept. '11 – Oct. '12; Source: TESFA Project Monitoring Data Base Wave I Kebeles

During one of the monthly SAA meetings in the Atadidim kebele of the Farta woreda, one male member described how there is now an equitable division of labor in his home. “When I want a meal, I can make it on my own. Before, I would wait for her to come home,” he said, admitting that he used to consider men who participated in traditional female tasks, such as fetching water, cooking or baking *injera*, as womanlike.¹⁰⁹ Concurrently, monthly review meetings comprised of facilitators from both the SAA and adolescent girls’ groups are conducted to track and monitor progress and discuss any outstanding issues. These meetings have also become a platform for the community members to initiate and promote their own strategies to mobilize the rest of the community and generate greater impact. One SAA facilitator at a review meeting in Amijaye kebele noted the community’s plan to conduct a dramatization on the issue of gender-based division of roles in relation to cultural and societal stigmas. Other attendees mentioned that carrying umbrellas¹¹⁰ inscribed with the TESFA logo unexpectedly gained the project greater exposure and recognition both within and outside target communities, leading

¹⁰⁷ Tesfaye, Girma (2012 May). *TESFA Project Year 2 Progress Report*. CARE Ethiopia South Gondar. Unpublished manuscript

¹⁰⁸ Terekegn, W. (25 December 2012). Personal Interview.

¹⁰⁹ SAA Group Meeting (5 October 2012). Atadidim Kebele.

¹¹⁰ Umbrellas with the TESFA logo were distributed to girls’ group facilitators.

to more widespread impact.¹¹¹ According to Girma Tesfaye, TESFA Project Manager at SGFO, beyond the number of direct beneficiaries (girls & SAA members) which totals 8,654, recent figures estimate the projected impact of over 42,000 indirect beneficiaries (family members, neighbors, community members) of the TESFA project.¹¹² Moreover, though the TESFA project was originally designed to empower girls already married, a positive unintended outcome of the program was the actual prevention of early marriages by SAA groups.

Since implementation, the SAA approach has not only demonstrated outstanding positive outcomes and impacts in the areas of economic empowerment and SRH of adolescent girls, but has also brought dramatic social transformation to entire communities, far exceeding staff expectation and projection. Through monthly discussion groups, SAA members gained understanding and insight into the challenges that adolescent girls face, which mobilized them to combat these issues and become agents of change within their communities. Fostering such discussions “humanizes these girls who are often viewed almost like property,” said Jeffrey Edmeades, social demographer and TESFA Project Director for ICRW.¹¹³ As SAA members began to understand that child marriage often fuels the cycle of poverty, inequality, discontinuation of education, and poor health, including birth complications, fistula, and psychological problems, they committed to actively combat the phenomenon.¹¹⁴



Kes (priest) Walle Terekegn, one SAA group facilitator in Maynet kebele, committed to fighting early marriage

Kes (priest) Walle Terekegn, one SAA group facilitator, remarked that early marriage was widespread in the Maynet kebele before the introduction of the TESFA project. He himself married an eight-year old girl at age 20 and recalled having previously encouraged the practice out of cultural and religious tradition. His attitude changed, however, after being exposed to the negative and harmful impacts of early marriage through his involvement in the SAA group.

¹¹¹ Monthly Review Meeting (26 October 2012). Amijaye Kebele.

¹¹² Tesfaye, Girma (9 January 2012). Personal communication.

¹¹³ Gaynair, Gillian (2012, 10 October). “Out of the Shadows: Changing the Course.” *International Center for Research on Women*. Retrieved from <http://www.icrw.org/media/news/out-shadows-child-marriage-ethiopia-2>.

¹¹⁴ Tesfaye, Girma (2012 May). *TESFA Project Year 2 Progress Report*. CARE Ethiopia South Gondar. Unpublished manuscript

Kes Terekegn mentioned the common discontinuation of education and serious health problems associated with child marriage, noting even the physical incapability of young girls to adequately carry infants on their back. Within the first two months of his involvement in the SAA group, he succeeded in preventing four prearranged early marriages through negotiations with the parties' families. He shared that he often uses the familiar Biblical story of Adam and Eve to effectively change community perceptions of early marriage. Although Ethiopian Orthodox Christian doctrine traditionally asserts that Eve was 15 years old when she married Adam (one cause of early marriage), he maintains that sexual intercourse did not begin until she was much older and after they had been driven out of the garden.¹¹⁵

Likewise, Tshai Getinet, another SAA facilitator in the Maynet kebele who married off one of her daughters at age 15 now feels regret over the decision. "It's not good," she said. After her



Tshai Getinet, a SAA group facilitator in Maynet kebele who now actively combats child marriage

involvement in the SAA group, she understood the harm of early marriage and actively fights against the phenomenon. Although she has received marriage propositions for her 10 year old daughter, she has adamantly refused the offers. Getinet explained that had it not been for the TESFA intervention, she would have easily married off both her eight and 10 year old girls.¹¹⁶ Since the project's inception, there have been no early marriages in the Maynet kebele to date. Moreover, the overall status and treatment of females have also improved in the kebele with the help of SAA groups. The prevalence of GBV and incidents of forced sexual intercourse have declined while the number of girls enrolled in school and engaged in economic and development initiatives in the community have substantially increased.¹¹⁷

According to Kes Terekegn, there has also been a rise in the participation of women in the public sphere. Women and girls now fully participate in public gatherings and feel comfortable attending church or going to the market alone.¹¹⁸ Furthermore, Getinet attested to a more equitable division of household chores within her home, noting even her sons' participation in

¹¹⁵ Terekegn, W. (25 December 2012). Personal Interview.

¹¹⁶ Getinet, T. (25 December 2012). Personal Interview.

¹¹⁷ Getinet, T. (25 December 2012). Personal Interview; Terekegn, W. (25 December 2012). Personal Interview.

¹¹⁸ Terekegn, W. (25 December 2012). Personal Interview.

tasks typically relegated to females.¹¹⁹ Beyond the positive outcomes in the aforementioned kebeles, over 180 child marriages in all intervention areas have been prevented and/or delayed due to the work of SAA members in collaboration with relevant government bodies since the project's launch.¹²⁰ Though communities were aware of laws against early marriage, there was once reluctance in addressing the issue prior to implementation of the TESFA project. Due to the project's emphasis on establishing a strong connection with the local government through involvement of HEWs and kebele administration during all program stages, it has created greater legal pressure and accountability in terms of enforcing the law. Furthermore, the SAA groups claim that transformation and long-term impact has indeed occurred, and the program will continue to sustain itself without future intensive intervention.¹²¹ Although the formal framework of the TESFA project will be soon phasing out of the Maynet kebele, Kes Terekegn avows that the community has taken ownership in maintaining the changes that have occurred and will continue to advance the objectives of the TESFA project.¹²²

¹¹⁹ Getinet, T. (25 December 2012). Personal Interview.

¹²⁰ Tesfaye, Girma (9 January 2013). Personal Communication with TESFA Project Manager.

¹²¹ Tesfaye, Girma (2012 May). *TESFA Project Year 2 Progress Report*. CARE Ethiopia South Gondar. Unpublished manuscript

¹²² Getinet, T. (25 December 2012). Personal Interview; Terekegn, W. (25 December 2012). Personal Interview.

The Power of Education

Teje Kafyelew, a resident of Atadidim kebele and the only daughter of four children born to middle-income agriculturalists, is currently 19 years old and married with no children. Upon the request of a young man in her village for her hand in marriage, her family agreed to marry Teje at age 18. Early marriage and other harmful traditional practices (HTPs) are prevalent in the region and often serve as obstacles to educational and economic empowerment and access to adequate healthcare for females. Consequently, Teje was reluctant in the beginning, but later conceded to marry him after being promised that she could continue her education. Although having promised that her education would not be disrupted by the marriage, her husband and in-laws actually planned to discontinue her studies without her knowledge following the wedding.



However, soon after their marriage, the TESFA project was implemented in their kebele. Teje was subsequently recruited to join one of the girls' adolescent groups while her husband and father-in-law became members of the Social Analysis and Action group (SAA), a method used to address social issues and cultural norms, which often undermine health and education among females and perpetuate HTPs and gender inequity. As a result, her husband and in-laws began to understand the importance of supporting the continuation of her education. Thus, in spite of the fact that her husband had at the time discontinued his own education, he ultimately encouraged Teje to continue her studies and though very rare in rural Ethiopia, he consented to her renting an apartment alone in the nearby urban center in order to complete her schooling. She is presently in 12th grade and aspires to study medicine to ultimately become a doctor. Teje has also observed positive changes within her husband's behavior; he now regularly assists his mother in household chores, including fetching water or grinding grains, which are deemed solely as "female tasks."



Furthermore, after learning the benefits of family planning and sexual reproductive health, Teje and her husband decided together to begin using contraceptives and reduce the number of desired children from four to two. Although contrary to widespread social norms, they agreed to postpone having children until after completion of her education and at a time most conducive to their socio-economic status. They have learned to make wise financial decisions and save for the future. In addition, Teje's relationship with her in-laws had once been difficult and strained; however, after acquiring life skills such as good communication techniques, decision-making capacity, and negotiation capability through girl discussion groups, the relationship has since improved, and there is less family interference in their marital affairs.

Together, Teje and her husband are making a difference in their community by serving as exemplary agents of change through their own relationship and through their joint commitment to combat HTPs and disseminate to others the knowledge they acquired from their involvement with the TESFA project.¹²³

¹²³ Kafyelew, T. and Mereteh, A. (19 October 2012). Personal Interview.

RECOMMENDATIONS

Though the innovative strategies and successful implementation approaches of CARE Ethiopia South Gondar have demonstrated outstanding success, improvements can still be made to achieve wide-scale sustainable impact. The following recommendations are based on observation, interviews, informal conversations, and evaluation reports:

WASH PROGRAM

- Explore the possibility of maximizing Hygiene and Sanitation promotion by expanding the WASH School Club method into more schools due to its high success rate. At present, 150 WASH Clubs have been established with approximately one WASH Club per kebele in eight intervention woredas. Some kebeles have more than one school, which could be utilized to further mobilize the community in terms of hygiene and sanitation and achieve greater wide-scale impact.
- Although formal water quality testing and evaluation are still underway from a sampling of water schemes in three woredas, the present findings assert that while most water-points have low traces of chemical contamination, the water still contains high rates of bacteria (i.e. *E. coli*) and turbidity, which are common causes of infection.¹²⁴ Moreover, in an attempt to increase water quality at point of use, the project distributed *Tulip* water filters at the household level, yet evidence suggests that the use is currently very low. Boosting hygiene and sanitation initiatives, ODF promotion, household water treatment, and latrine use will help to prevent this recurring contamination of water sources and reduce incidents of water-borne sickness.
- Enhance capacity building and training for females particular in relation to WASH CO and the Local Artisan Approach. Though there are currently female artisans, the number of overall trained male artisans far exceeds the number of females. Perhaps a more concentrated effort on recruitment of females for local artisan training would help to raise numbers and further promote GED, women's empowerment, and non-traditional roles of females.
- At present, there are only two trained artisans per kebele with some kebeles containing a total of 56 water points. Consider increasing the total number of trained artisans per kebele to promote more capacity building and employment opportunities at community level while increasing efficiency and quality of each artisan's service.

¹²⁴ Getie, M (3 January 2013). Personal Communication.

- Though the WASH program has been in operation since 2001, there is no formal monitoring and evaluation system in place to adequately measure and assess the overall outcomes and impact of CARE Ethiopia SGFO's entire WASH programming in the South Gondar zone. At present, the majority of data, reports and evaluations are separately calculated and conducted according to various program elements funded by specific donors. Data often seems scattered and disjointed, presenting a challenge for staff and external bodies alike to ascertain the overall, wide-scale impact of the office's WASH program and each of its components. It would therefore be advantageous to consider building a systematic dataset organized chronologically and developing a formal and effective monitoring and evaluation system for CARE Ethiopia's SGFO's entire WASH programming.

TESFA PROJECT

- Consider extending project length and intervention areas due to high level of success and impact among both direct and indirect beneficiaries. At present, the TESFA project has been implemented in 25 kebeles in two of ten woredas in the South Gondar zone of the Amhara region. The Amhara region still has one of the highest rates of child marriage worldwide with 80% of girls married by age 18, while the most common age to marry is around age 12.¹²⁵ More widespread intervention will certainly help to better tackle the issue of early marriage and generate greater transformation on a more zonal level.
- With the heavy and extensive influence of religion in the Amhara region, Ethiopian Orthodox leaders (priests) have made tremendous strides in the fight against early marriage and other HTPs serving as SAA members. Techniques in combating the practice of early marriage are reportedly based on Biblical teachings and texts. While 40% of the region is indeed Ethiopian Orthodox Christian, 34% of the population is Muslim.¹²⁶ Though the project has been implemented in predominately Ethiopia Orthodox Christian areas, there are pockets of Muslim-concentrated communities with high rates of early marriage within the target kebeles. At present, there are no Muslim religious leaders serving in the capacity of SAA members which could act as an impediment to social change within these specific communities.¹²⁷ Active recruitment of Muslim religious leaders for the SAA groups in these particular areas should be undertaken to ensure greater impact and support for Muslim girls involved in the

¹²⁵ Brenda Rodgers (2012). "Child Marriage in Ethiopia and its Associated Human Rights Violations." UW Bothell Policy Journal, 11-19. Retrieved from <http://uwbpolicyjournal.files.wordpress.com/2012/06/child-marriage-pdf-final.pdf>

¹²⁶ Ibid.

¹²⁷ Hakim, Aberash (31 December 2012). Personal Interview with TESFA project community facilitator.

project. Similar to the use of Biblical references by priests to combat early marriage, exploration of the Koran and Islamic religious texts to base campaigns against HTPs would also be advantageous.

- Another matter for consideration is expanding the age-range for target beneficiaries. The project currently targets ever-married girls ranging from ages 14-19 although evidence reveals that many girls marry around 12 years old and sometimes as early as seven throughout the Amhara region. This would be something to explore further.
- Although an extensive monitoring and evaluation system has been implemented for the project, it is currently conducted and managed by external bodies to primarily generate research and data for evidence-based recommendations on overall programming among adolescent girls dealing with economic empowerment and sexual reproductive health initiatives. If the project is extended beyond its projected end date, it would be worthwhile to explore the option of developing an (internal or external) monitoring and evaluation framework, which focused less on the research component but rather on efficacy, impact, and outcomes in relation to overall project objectives.

CONCLUSION

Since its establishment 12 years ago, CARE Ethiopia North Program - South Gondar Field office has demonstrated tremendous success and impact as a result of strategic programming and innovative approaches undertaken within project implementation. In particular, SGFO has been noted for its role in augmenting the collaboration and coordination between multi-level government stakeholders, partner development organizations, and target communities to achieve sustainable long-term impact and social change. The purpose of this report was to explore the best practices and approaches employed in the office's current initiatives, the WASH Program and the TESFA Project, with the intent of promoting the adoption and implementation of similar methods in programs elsewhere. Beyond documentation of the CARE Ethiopia North Program - South Gondar Field office's current projects, the report has also offered select recommendations to improve overall programming and ensure long-term impact.

CARE Ethiopia South Gondar

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